

FOR OFFICE USE ONLY:

CG-DIS/CMD

Checked by \_\_\_\_\_ / Approved by \_\_\_\_\_

02/02

**DISTRIBUTOR'S QUARTERLY USAGE REPORT REGARDING CARD-MINDING DEVICES**

**NOTE: ALL REPORTS ARE DUE WITHIN 30 DAYS FOLLOWING THE CLOSE OF EACH CALENDAR YEAR QUARTER**

License No. DIS- \_\_\_\_\_

Reporting Period

Name of Distributor \_\_\_\_\_

Calendar Quarter for \_\_\_\_\_ (year)

Mailing Address \_\_\_\_\_

1 2 3 4

City State Zip \_\_\_\_\_

(circle one)

License #	Organization Name	# of Units Sold/Rented to Organization	Amount Charged Per Unit	Total Amount Charged to Organization	# of Units Rented to Patrons by Organization	Total Amount charged to Patrons
ORG-						
ORG-						
ORG-						
ORG-						
ORG-						
ORG-						
ORG-						
ORG-						
ORG-						
ORG-						
ORG-						
ORG-						

**USE ATTACHED CONTINUATION SHEET IF NECESSARY**

**SIGNATURE AND VERIFICATION**

Under penalty of perjury, I declare that I have examined this report, including any accompanying schedules and attachments, and to the best of my knowledge and belief it is a true, correct and complete report. Declaration of preparer (other than organization official) is based on all available information.

**➔ CHIEF EXECUTIVE OFFICER & CHIEF FINANCIAL OFFICER OF DISTRIBUTOR MUST SIGN REPORT**

Chief Executive Officer	Print Name:	Date:
Chief Financial Officer	Print Name	Date:
Preparer, if not Officer	Print Name:	Date:

**Note: Attach all copies of contracts, leases, or purchase agreements for card-minding devices**

VISIT OUR WEBSITE AT

<http://dcdg.ppr.ky.gov>



**Continuation Sheet**

Year: \_\_\_\_\_

**Organization Name:**

[illegible]